

Completing and Submitting a Federal Reimbursement Request

Open your internet browser and go to the State of Utah Office of Education web site. www.schools.utah.gov

The screenshot shows the homepage of the Utah State Office of Education. The header features the Utah State Office of Education logo and the text "State of Utah Office of Education". A callout bubble points to the "Adult Education" link in the "Programs" dropdown menu, stating: "Then, click on 'Adult Education'". Another callout bubble points to the "Programs" button in the left sidebar, stating: "First, hover over the 'Programs' button to open the programs list." The sidebar lists various categories: Assessment & Accountability, Career & Technical, Charter Schools, Curriculum & Instruction, Educator Quality Services, Human Resources / Jobs, Information, No Child Left Behind, Office of Rehabilitation, Programs, Schools for Deaf & Blind, Special Education, State Board, and Title I. The "Programs" dropdown menu is open, showing a list of programs including Adult Education, Basic Skills Ed. Prog. (UBSCT Remediation), Charter Schools, Child Nutrition, Computer Services, Educational Equity, Educational Technology (EDTECH), General Educational Development (GED), Human Resources, Internal Accounting, Professional Development, Program Development & Support Services, Public Relations, School Finance & Statistics, and School Law & Legislation. The right sidebar contains a "News & Announcements" section with links to School Report Cards, Educator Online License System, Alternative Routes to Licensure, Governor's Blue Ribbon Panel on Assessment, Governor's Blue Ribbon Panel on Assessment March '08 Update, USBE Differentiated Compensation Work Group, and USOE Calendar. The footer includes links to Site Index, State Board, Programs, Information, Contact USOE, Terms of Use, Webmaster, School Directory, and Search, along with a copyright notice for 2008.

When the Adult Education page appears, click on "Director Resources."

The screenshot shows the Utah Adult Education website. The header features the text "ADULT EDUCATION" and "UTAH STATE OFFICE OF EDUCATION". A callout bubble points to the "Director Resources" link in the left sidebar, stating: "Click on 'Director Resources'". The sidebar lists various resources: Community Resources, Director Resources, Educator Resources, Adult Ed. Consortium, Auditor Resources, GED, UTopia, Job Seekers, Contact Us, and Home. The main content area has a heading "Welcome To Utah Adult Education" and a paragraph stating: "Adult education empowers individuals to become self-sufficient, with skills necessary for future employment and personal successes. We assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency while completing a secondary education. Utah Adult Education is a program of instruction below the collegiate level for adults. Utah Adult Education is comprised of Adult High School Completion (AHSC/AE), Adult Basic Education (ABE) and English for Speakers of Other Languages (ESOL)." Below the text is a photograph of a group of adults. At the bottom, there are links to "Who Benefits from Adult Education" and "Adult Education Fact Sheet - PDF".

The Director Resources page will show a list of choices in white lettering in the pink bar. Click on “Forms”.

ADULT EDUCATION
UTAH STATE OFFICE OF EDUCATION

Director Resources

2008-09 Calendar

Utah Adult Education Monitoring Visits

May 15, 2008	AEFLA & EL/Civics Plan Due	Monitoring Schedule
July 15, 2008	All UTopia Data for 2007-08 Finalized	Program Application
July 15, 2008	Collection of Fees and Tuition Report Due	Fees and Tuition Report
July 15, 2008	End of Year Program/Narrative Due	End of Year Program Narrative

Aug 6, 2008 Directors/Coordinators Meeting

USOE
250 E 500 S
Board Room
Salt Lake City, UT

Community Resources

Director Resources

Calendar
Grants
Reports
Forms
Policies & Procedures
Agendas
Minutes
Agency Referrals
Resources
Professional Development
New Directors

Educator Resources

Adult Ed. Consortium

Auditor Resources

GED

ADULT EDUCATION
UTAH STATE OFFICE OF EDUCATION

Director Resources

Forms

- [Federal Reimbursement Form](#)
- [Travel Reimbursement Form](#)

Community Resources

Director Resources

Calendar
Grants
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Policies & Procedures
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Minutes
Agency Referrals
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Professional Development
New Directors

Educator Resources

Adult Ed. Consortium

Auditor Resources

GED

UTopia

There are two form choices on the Forms page. Click on “Federal Reimbursement Form”. You will be given the option to open or save the document. You will want to save the document under a name you will remember. You will also save the completed document.

Note: You need to download this document each time you submit a request. **You also need to download a copy of this document for each reimbursement request funding source.** This document is updated often and downloading the document each time ensures you have the most current form.

“Awarded Funds Number” This number is stated in your award letter and is mandatory.

For District Use

Agency Name: District #: 0 0

To Indicate Funding Source, CLICK on CELL Below for a Drop Down Menu

XXX: END 0

EXPENDITURE CLASS	ON	* Enter	BUDGET	0	EXPENSE	0	0	TOTAL
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There Are Several COMMENTS Embedded To Assist You. They Are Designated With a Small Red Triangle. To Read, Click on That Cell. To SHOW or HIDE a Comment Go Up To INSERT

This box informs you that “helps” have been embedded in cells containing a small red triangle.

Click on the red triangle to show the “help”.

SOME STATE or FEDERAL FUNDS
CANNOT CLAIM INDIRECT COSTS.
PLEASE REFER TO YOUR BUSINESS
ADMINISTRATOR, AWARDED FUNDS
APPROVAL, OR CALL THE PHONE# AT
BOTTOM FOR MORE INFO.

Make sure you and your business administrator know the requirements for your funds.

This area is blank until you choose a funding source.

ENTER DATE OF CURRENT REPORT PERIOD		FROM:		TO:	
1 Approved Budget	\$	-		I certify the program has been conducted in accordance with all specifications and in compliance with federal/state laws, rules, regulations and funds have been expended in amounts reported and documents are available for audit. All expenditures claimed in this report were incurred subsequent to the effective dates and have not been claimed in or under any other program.	
2 Total Amount <u>Previously Reported</u>					
3 Expenditure Amount <u>This Report Period Only</u>	\$	-			
4 Total Expenditure To Date	\$	-			
5 Unexpended Balance of Budget	\$	-			
0				SIGN HERE	
Amount Approved for Payment		\$			
Approved By:		Date:		SIGN HERE	
RETURN FORM TO					
0				Submitted By: Agency Accounting Office Date	
Utah State Office of Education		0		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> This area is blank until you choose a funding source. </div>	
250 East 500 South		0			
P. O. Box 144200		0			
Salt Lake City, UT 84114-4200		0		CONTACT PERSON Area Code & Phone	

To Indicate Funding Source, CLICK on CELL Below for a Drop Down Menu

XXX: END						
EXPENSE	CRC: Math Science Partnership					0
	CRC: Service Learning					0
	CTE/Adult Education: Adult Education/AEFLA Basic					0
	CTE/Adult Education: Adult Education/EL/Civics					0
	CTE/Adult Education: Adult Education/Prisons & Institutions					0
District	CTE: Gang Prevention					
USOE F	CTE: Perkins Voc. Ed. Corrections					
	CTE: Perkins Voc. Ed. Formula					
	Workshop Under: See Your Business Administrator				FY (XX)	FY (X)
A (100)	Salaries					
B. (200)	Employee Benefits					
C. (300)	Purchased Prof. & Tech. Svc					

Once you click on this cell an arrow will appear on the side of the cell.

Click on the arrow to open the drop down list.

Drop down list appears. Note that Adult Education has three funding sources to choose from.

When you access the drop down menu, choose the funding source that you are submitting expenses for reimbursement. Once you choose a funding source, the form will be altered to the specifications for that funding source. The "Return Form To" area will be populated. The Fiscal Year (FY) reflects the fiscal year of the grant. You will use the first column labeled Expense- 1st period for your requested reimbursement amounts.

REIMBURSEMENT REQUEST FORM - SCHOOLS DISTRICTS & AGENCIES to UTAH STATE OFFICE OF EDUCATION

Agency Name: _____		District #: _____		File#: _____		Awarded: _____	
<p>To Indicate Funding Source, CLICK on CELL Below for a Drop Down</p> <p>CTE/Adult Education: Adult Education/AEFLA Basic</p>							
EXPENDITURE CLASSIFICATION AND STATE OBJECT CODE District Chart of Accounts Found in USOE Finance and Statistics' Annual Workshop Binder. See Your Business Administrator		* Enter Indirect Cost Rate Line K	BUDGET APPROVED BY USOE	BUDGET CHANGE (When line budget equals/exceeds 10% of Approved)	EXPENSE 1st Period July - June FY (XX)	CARRYOVER 2nd Period July - June FY (XX)	CARRYOVER 3rd Period July - Sept FY (XX)
TOTAL EXPENSE TO DATE		The cells in this column will auto-calculate.					
A (100)	Salaries						
B (200)	Employee Benefits						
C (300)	Purchased Professional Services						
D (400)	Purchased Property						
E (500)	Other Purchased Services						
F (580)	Travel						
G (600)	Supplies & Materials						
H (800)	Other (Exclude XXXX XXXXXXXXXX)						
XXXX	XXXXXXXXXX						
XXXX	XXXXXXXXXX						
XXXX	XXXXXXXXXX						
I.	TOTAL DIRECT COSTS (Lines A thru H)			\$ -	\$ -	\$ -	\$ -
J. (800)	Other (Audit Costs)						
K.	* Indirect Cost Rate 1st Period: Jul-Jun FY (XX)			\$ -	\$ -		\$ -
	* Indirect Cost Rate 2nd Period: Jul-Jun FY (XX)				\$ -		\$ -
	* Indirect Cost Rate 3rd Period: Jul-Sep FY (XX)					\$ -	\$ -
L. (700)	Property (including depreciation)						\$ -
M.	TOTAL(s) (Lines I Thru L)			\$ -	\$ -	\$ -	\$ -
* NOTE Enter the Indirect Cost Rate appropriate for the fiscal year in which expenses incurred and apply to line I, Total Direct Costs							
JUSTIFICATION or COMMENTS: Budget Change/ Extension Request/Explanation							
Must match totals from previous requests.							
Must match approved budget.							
Use this area for explanations for budget changes 10% or more in any category.							
The date range of current reimbursement period should match the expense column							
The "Return Form To" area is populated with the name, department, email, phone and fax number of the person your reimbursement request is submitted to.							
CONTACT PERSON Area Code & Phone							

This will be the funding source from which you are requesting reimbursement.

Enter the current Fiscal Year for the grant.

This column is the original grant amount approved by the USOE.

Use this column for noting funding category changes of 10% or more. You must provide an explanation of the changes below.

This column is where the current expenses you are requesting reimbursement for are listed.

Must match approved budget.

Must match totals from previous requests.

Use this area for explanations for budget changes 10% or more in any category.

The date range of current reimbursement period should match the expense column

The "Return Form To" area is populated with the name, department, email, phone and fax number of the person your reimbursement request is submitted to.

Amount Approved for Payment \$

Approved By:

RETURN FORM TO

Carol Burns
CTE/Adult Education
Utah State Office of Education
250 East 500 South
P. O. Box 144200
Salt Lake City, UT 84114-4200

E-Mail: carol.burns@schools.utah.gov
Ph: (801) 538-7679 Fax: (801) 538-7882

Program Director Date
Accounting Office Date

CONTACT PERSON Area Code & Phone

This form must be signed to be accepted. We do not require an original signature. The document may be faxed or emailed with approved electronic signatures. The Program Director and the Agency Accounting person cannot be the same person.

REIMBURSEMENT REQUEST from UTAH SCHOOL DISTRICTS & AGENCIES to UTAH STATE OFFICE OF EDUCATION

Agency Name: District #: File#: Awarded Fund #:

To Indicate Funding Source, CLICK on CELL Below for a Drop Down Menu

CTE/Adult Education: Adult Education/AEFLA Basic

CTE/Adult Education

EXPENDITURE CLASSIFICATION AND STATE OBJECT CODE District Chart of Accounts Found in USOE Finance and Statistics' Annual Workshop Binder. See Your Business Administrator	* Enter Indirect Cost Rate Line K	BUDGET APPROVED BY USOE	BUDGET CHANGE (When line budget equals/exceeds 10% of Approved	EXPENSE	CARRYOVER	CARRYOVER	TOTAL EXPENSE TO DATE
				1st Period July - June FY (XX)	2nd Period July - June FY (XX)	3rd Period July - Sept FY (XX)	
A (100) Salaries							\$ -
B (200) Employee Benefits							\$ -
C (300) Purchased Prof. & Tech. Svc.							\$ -
D (400) Purchased Property Svc.							\$ -
E (500) Other Purchased Svc.							\$ -
F (580) Travel							\$ -
G (600) Supplies & Materials							\$ -
H (800) Other (Exclude Audit Costs)							\$ -
XXXXXXXXXXXXXXXXXXXXXXXX							\$ -
XXXXXXXXXXXXXXXXXXXXXXXX							\$ -
XXXXXXXXXXXXXXXXXXXXXXXX							\$ -
I. TOTAL DIRECT COSTS (Lines A thru H)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
J. (800) Other (Audit Costs)							\$ -
K. * Indirect Cost Rate 1st Period: Jul-Jun FY (XX)		\$ -	\$ -	\$ -			\$ -
* Indirect Cost Rate 2nd Period: Jul-Jun FY (XX)					\$ -		\$ -
* Indirect Cost Rate 3rd Period: Jul-Sep FY (XX)						\$ -	\$ -
L. (700) Property (includes equipment)							\$ -
M. TOTAL(s) (Lines I Thru L)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*** NOTE** Enter the Indirect Cost Rate appropriate for the fiscal year in which expenses incurred and apply to line I, Total Direct Costs

JUSTIFICATION or COMMENTS: Budget Change/ Extension

This line must be signed by the Program Director.

ENTER DATE OF CURRENT REPORT PERIOD	FROM:	TO:
1 Approved Budget	\$ -	
2 Total Amount <u>Previously Reported</u>		
3 Expenditure Amount <u>This Report Period Only</u>	\$ -	
4 Total Expenditure To Date	\$ -	
5 Unexpended Balance of Budget	\$ -	

I certify the program specifications and in accordance with all federal/state laws, rules, regulations and funds, been expended in amounts reported, and documents are available for audit. All expenditures claimed in this report were incurred subsequent to the effective dates and have not been claimed in or under any other program.

This line must be signed by the person responsible for your accounting.

FOR USOE USE ONLY - FAXED COPIES CONSIDERED ORIGINAL

Amount Approved for Payment \$

Approved By: Date:

RETURN FORM TO

May be the same as the Program Director or the Agency Accounting staff. **Must be signed.**

SIGN HERE
Submitted By: Agency Program Director Date:

SIGN HERE
Submitted By: Agency Accounting Office Date:

TYPE & PRINT

Salt Lake City, UT 84114-4200

Ph: (801) 538-7679 Fax: (801) 538-7882

CONTACT PERSON **Area Code & Ph#**

Don't forget to list the contact person's telephone number. If there are problems with the form, they will be called.